

TRINITY EPSICOPAL SCHOOL
OFF-CAMPUS PHYISCAL EDUCATION EXEMPTION REQUEST FORM

Students in grades 7 and 8 may complete an Exemption Request Form, and if approved, may be exempt from a trimester of their physical education requirement. The form with the outline of the proposed alternative athletic program and schedule must be turned in no later than two (2) weeks before the beginning of each trimester eligible for exemption. Forms turned in after the deadline will not be considered.

Student Name: _____ **Date of Request:** _____

I am requesting a physical education exemption for the *off-campus* sport of: _____

during trimester _____ (1, 2, or 3) for the academic year of 20 _____ - 20 _____

(Note: a separate form must be completed for each trimester if seeking more than one trimester exemption.)

RESPONSIBILITIES OF STUDENT, PARENTS, OUTSIDE INSTRUCTOR OR COACH

STUDENT AND/OR PARENTS

The student and his/her parents are responsible for adhering to the following requirements:

1. Complete and submit the request form to the Director of Athletics and Physical Education at least two (2) weeks prior to the beginning of the trimester.
2. Deliver with the application a proposal for the alternative athletic activity with a training schedule signed by the certified instructor/professional coach.
3. Ensure the student participates in his/her activity for at least the minimum hours and days per week as determined by the Director of Athletics and Physical Education.
4. Ensure records of participation are submitted by the instructor/coach to the Director of Athletics and Physical Education no later than three days after the trimester ends.
5. Provide transportation to and from the outside sport/activity.

CERTIFIED INSTRUCTOR/PROFESSIONAL COACH

The certified instructor/professional coach must agree to:

1. When appropriate, provide copies of professional credentials to the Director of Athletics and Physical Education.
2. Complete and sign the proposed schedule for instruction, practice, and/or competition to be submitted with the application.
3. Maintain and submit an accurate record of each student's attendance to ensure compliance with Trinity's physical education requirements.
4. Notify the Director of Athletics and Physical Education if student is not in compliance with the number of hours per week required to receive the exemption.

ACKNOWLEDGEMENT OF LIABILITY

Trinity Episcopal School, its employees, agents, and its Board of Trustees shall be excluded from liability and/or medical expenses that may develop from the student's participation in the physical education exemption program including travel to and from the outside training locations. Trinity has no control over the daily activities of the proposed alternative athletic program, quality of the program, or qualification of the instructors.

I have read, understand, and accept the guidelines and requirements set forth in this request.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Certified Instructor/Professional Coach Signature: _____ Date: _____

(Note: This form will not be approved without all three signatures)

To be completed by School:

Date application received: _____

Date of Consultation with Head of Middle School: _____

Decision: _____

Signature of Head of Middle School: _____ Date: _____

Signature of Director of Athletics and Physical Education: _____ Date: _____

Notification of Approval or Denial of Physical Fitness Exemption-Student: Date: _____ By: _____

Notification of Approval or Denial of Physical Fitness Exemption-Parents: Date: _____ By: _____